PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10628109

FEE 750.00 18= 4= 30= TAL \(\sum{5} \)	RATE BASIC FEE X\$18= X84= +280=	OR OR OR OR	FEE 375.00	RATE BASIC FEE X\$ 9=	lumn 2)	son patrick free	(Column 1) NUMBER FILED		TAL CLAIMS	TC
FEE 750.00 18= 4= 30= TAL \(\sum{5} \)	BASIC FEE X\$18= X84= +280=	OR OR		BASIC FEE	Contract of the second					
18= 4= 30= TAL \(\frac{15}{5}\) THER THAN ALL ENTITY ADDI- TIONAL	X\$18= X84= +280=	OR OR		X\$ 9=					₹	FO
TAL 75 (: HER THAN ALL ENTITY ADDI- TE TIONAL	+280=	1 1			inus 20= *		g minus 20	TOTAL CHARGEABLE CLAIMS		ТО
TAL 75 (THER THAN ALL ENTITY ADDI- TE TIONAL	+280=	1 1		X42=	/ minus 3 = *		INDEPENDENT CLAIMS		IND	
HER THAN ALL ENTITY ADDI- TE TIONAL	L	1 1		+140=			ESENT	DENT CLAIM PF	LTIPLE DEPEN	MU
HER THAN ALL ENTITY ADDI- TE TIONAL		OR		less than zero, enter "0" in column 2 TOTAL				* If the difference in column 1 is I		
ADDI- TE TIONAL		•					MENDED - PA	LAIMS AS A	CI	
TE TIONAL	SMALL	OR		SMALL	(Column 3)	column 2)		(Column 1) CLAIMS		
FEE	RATE		ADDI- TIONAL FEE	RATE	PRESENT EXTRA	HIGHEST NUMBER REVIOUSLY PAID FOR	NI PRE	REMAINING AFTER AMENDMENT		AMENDMENT A
18=	X\$18=	OR		X\$ 9=	=		Minus **	*	Total	NDV
4=	X84=	OR		X42=	= 		Minus *** LTIPLE DEPENDE	*	Independent	AME
30=	+280=	OR		+140=	<u> </u>	DEIVI OLANVI	ETIFEL OEFENDE	NATION OF INC	TIMOT FILESE	L
	TOTAL	OR		TOTAL						
. FEE L	ADDIT. FEE	10,,		ADDIT. FEE	(0.1	.	10	(0-1 4)		
		- 1			(Column 3)	Column 2) HIGHEST	CHE SERVICION SA	(Column 1)	Tan San Cortina	_
ADDI- TE TIONAL FEE	RATE		ADDI- TIONAL FEE	RATE	PRESENT EXTRA	NUMBER REVIOUSLY PAID FOR	N PRE	REMAINING AFTER AMENDMENT		AMENDMENT B
18=	X\$18=	OR		X\$ 9=	=		Minus **	*	Total	NDN
:4=	X84=	OR		X42=	=		Minus *** LTIPLE DEPENDE	*	Independent	AME
30=	+280=	OR		+140=	VI	DENT CLAIM	LIFEE DEPENDE	INTATION OF INC	THOTFILL	L
OTAL C. FEE	TOTAL ADDIT. FEE	OR		TOTAL ADDIT. FEE						
					(Column 3)	Column 2)	(Cc	(Column 1)		
			ADDI- TIONAL FEE	RATE	PRESENT EXTRA	HIGHEST NUMBER REVIOUSLY PAID FOR	N PRE	CLAIMS REMAINING AFTER AMENDMENT		MENT C
ADDI- TIONAL FEE	RATE			X\$ 9=	=		Minus **	*	Total	NDN
TE TIONAL FEE		OR			1_	ŧ	Minus ***	*	Independent	ME
TIONAL FEE	X\$18=			X42=	=					-
TIONAL FEE	X\$18=	OR OR		X42=		DENT CLAIM	LTIPLE DEPENDE	NTATION OF MI	FIRST PRESE	
TIONAL FEE 18= 34= 80=	X\$18= X84=			X42= +140= TOTAL	М		ENDE DEPENDE			ا
	Γ		TIONAL		EXTRA =	NUMBER REVIOUSLY PAID FOR	N PRE P/	REMAINING AFTER AMENDMENT *	Independent	AMENDMENT C